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Psychiatry in the sorting of schoolchildren in Scandinavia 1920–1950 – IQ testing, child guidance clinics and hospitalization

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Abstract

This article explores the role of psychiatry in the sorting of schoolchildren in Denmark, Norway, and Sweden from 1920 to 1950. Whereas the role and rise of educational psychology and IQ-testing in the differentiation processes in schooling have been examined through earlier research, the role of psychiatry in the interprofessional collaboration has so far been largely unexplored when it comes to the Scandinavian case. In line with Michel Foucault, the article regards these professional efforts as part of the biopolitics, where psychiatry amongst other disciplines engaged in the development of means to involve strategically in the life of schoolchildren and their families, as part of shaping the future of the population. We argue that psychiatric sorting activities related to schoolchildren did not solely take place through IQ-testing in schools, but involved classification of children through a range of measures in various settings. We further argue that these processes took place due to local agents and initiatives in a broader context of interprofessional collaborations between psychiatrists, psychologists, and teachers, rather than top-down processes initiated by the state. The analysis in the article draws on different sources of the period: journals, articles, and monographs from the key-agents of the period

Introduction

This article analyses the role of psychiatry in the sorting of schoolchildren in the early Scandinavian welfare states (i.e., Denmark, Norway, and Sweden), with a focus on professional actors and relationships in different institutional contexts and practices. We argue that psychiatry and the interprofessional collaboration it became part of played a significant role as a biopolitical management of the individual. We examine international influence and Scandinavian networks and adaptation to new differentiation technologies, and changing professional relationships between medical experts, psychologists, and the educational system at a local level. By local level, we refer to the key agents in the establishment of the collaboration between psychiatry and the schooling system. How was international research transferred to a Scandinavian context, and what implications did this have for the sorting of children in the three countries? We argue that this sorting did not occur solely through the adoption of IQ testing in the three countries, but was part of the wider emergence of interdisciplinary collaboration between professions in the early welfare state. The practice of sorting and the professional collaborations related to this we regard as a type of children's health biopolitics among experts and professional groups. In line with this, we apply the term sorting for the overall process of differentiating schoolchildren performed by the professional agents in various institutionalizations in the schooling system.

This biopolitical management of the individual became essential to the shaping of the school system in the welfare state. The concept of the Scandinavian welfare state stresses parallels rather than differences.¹ The converging approaches to education taken by Denmark, Norway, and Sweden can be linked to policies of cooperation supported by national ministries. This convergence between the three countries intensified in the 1920–1950 period, characterised by cooperation through networks, conferences, and journals regarding a broad range of areas, including social policy, educational policy, special education, psychology, and psychiatry.² The image of the Scandinavian welfare state developed and strengthened through this period, and the institutions and agents of education and social policy were professionalised and specialised, though providing one another with mutual political and philosophical inspiration. During the interwar period, international currents in modern child psychology, psychoanalysis, and progressive educationism influenced the Scandinavian context. The acceptance of international research on the child, the emergence of interdisciplinary collaboration, and the constitution of institutional settings and practices, we argue, were driven by local agents and networks rather than by top-down processes initiated by the state. Therefore we underscore the role of local agents in our analysis of psychiatry in the process of sorting of schoolchildren.

The life of the child became an important field of intervention in the welfare states forming of the population. At the end of the 19th century, childhood and children became the focus of societal awareness throughout the Western world, including in the Scandinavian countries. In the first decades

¹ [Ingrid Söderlind](#), *Barnen och välfärdspolitik: nordiska barndomar 1900–2000* (Stockholm: Dialogos Förlag, 2011).

² Jørn. Henrik. Petersen, Klaus. Petersen & Niels Finn. Christiansen. *Velfærdstaten i støbeskeen*, Dansk Velfærdshistorie, bind 3, 1933–1956 (Viborg: Syddansk Universitetsforlag, 2012).

Anne Katrine Gjerløff, Anette Faye Jacobsen, Ellen. Nørgaard og Christian. Ydesen. *Da skolen blev sin egen – 1920–1970*, Dansk skolehistorie 4, Hverdag, vilkår og visioner gennem 500 år. (Aarhus: Aarhus Universitetsforlag 2014)

of the 20th century, social awareness of the child precipitated a range of legal and political initiatives in these three countries in an attempt to protect children from the threats and dangers of the city, and to direct disciplinary measures towards children deemed undisciplined. In educational systems, the need for effective tools to test and sort the growing population of students led to the development of sorting processes, informed by different rationalities and primarily intended to nurture talented students without wasting resources on those conceived as less talented. This stage was characterised by recurring political concerns about the effectiveness and optimisation of education for the sake of economic growth. In parallel with these processes, the emerging movements of mental hygiene and psychology provided technologies and practices to handle the growing social problems relating to children. In the emerging welfare state, the education system became increasingly involved in these social processes, with the aid of professionals.

Whereas most studies in this field have focused on the testing technologies and professionalisation of school psychology within the school system,³ less attention has been paid to the functions and analyses of psychiatrists and to interprofessional collaborations in the management of deviance. Though the three Scandinavian countries display similarities in the influence and structure of their emerging welfare states, we argue that local agents contributed to important national variations in the shaping of institutions and expertise. In this study, we intend to analyse the role of psychiatry in relation to the norms and technologies of the local educational system in the three cases of Denmark, Norway, and Sweden. In accordance with recent studies identifying the role of local context in the adaptation of testing technologies,⁴ we intend to identify parallels as well as variations in the sorting of students. On the one hand, we regard how this was shaped by the sorting practices of psychiatrists, educational psychologists, teachers, and other professionals and, on the other hand, by interdisciplinary collaborations marked by new institutional settings and practices in mental health.⁵

Our theoretical approach draws on Michel Foucault's understanding of disciplinary power, biopolitics, discourse, and the subject⁶ to reveal the discursive struggle over scientific views of the child/student and the most effective tools for sorting them. We intend to grasp how student sorting relates to the establishment of the professions, the emergence of interprofessional collaborations, and to different discursive constructions of children defined as deviant. These collaborations are regarded as representations of an advanced form of biopolitics, where psychiatrists amongst other groups of

³ John Carson, *The measure of merit: Talents, intelligence, and inequality in the French and American Republics*. (Princeton, NJ: Princeton University, 2007), 1; Thom Axelsson "Någonstans mellan sjukt och friskt: det psykopatiska barnet och psykopatklasser", in Judith Lind, Cecilia Lindgren, Mats Sjöberg & Karin Zetterqvist Nelson (eds.), *Historien, barnen och barndomarna: Vad är problemet?*, (Linköping: Bokakademin AB 2009); Annette Mülberger "The need for contextual approaches to the history of mental testing", *History of Psychology*, Vol 17, No 3, (2014); Christian Ydesen, *The Rise of High-Stakes Educational Testing in Denmark (1920–1970)*. (Frankfurt a. M: Peter Lang 2011).

⁴ Mülberger "The need for contextual approaches to the history of mental testing".

⁵ Carson, *The measure of merit: Talents, intelligence, and inequality in the French and American Republics*.; Johan Carson "Mental testing in the early twentieth century: Internationalizing the history", *History of Psychology*, 17, 249–255; Mülberger, "The need for contextual approaches to the history of mental testing".

⁶ Michel Foucault, *The Archeology of Knowledge* (London: Routledge 1992); Michel Foucault, "The subject and power" In: *Power. Essential works of Foucault 1954–1984*. Vol. 3. Faubion, James D. (ed.). (Penguin Books 1994); Bjørn Hamre, Tine Fristrup & Gerd Christensen, "The Subject of Exemption: through discourses of normalization and individualization in Denmark", in: *Nordic Journal of Social Research*, (2016) Vol. 7, 6–21.

experts engaged in the development of means to involve strategically in the life of schoolchildren and their families, as part of shaping the future of the population. How did technologies relate to child psychology and the mental hygiene movement, introduce new norms of childhood, and question the way the welfare state dealt with deviance? Historically, the goal of education and the school system has generally been to set standards and norms for students, through what is conceived as disciplinary power. The theoretical focus of this article is how the school system has dealt with students regarded as exempted from the norms through discursive practices emphasising that children perceived as deviant were exceptions to the construction of being normal students. Nikolas Rose has analysed how psychology and psychiatry introduced new scientific interpretations and analyses of children and their problems. At the beginning of the 20th century, these disciplines confirmed and enforced eugenic ideas of children's problems as innate and inherited. Later, intelligence as well as deviance more widely were increasingly related to environmental factors.⁷ As touched on by Mülberger, the nature–nurture antithesis in interpreting the concept of intelligence played a significant role in the discussion of eugenics.⁸ In line with this, we direct our attention towards how the professions involved in the sorting process were involved in managing individuals, as characterised by the concept of biopolitics. In our approach, the nature–nurture antithesis would thus be less important than the biopolitical effects of these disciplines in managing children as part of a population.

The materials used in the analysis are partly documents (i.e., books and articles) produced by the authorities, organisations, and professional agents of the period, and partly existing research in the field. Our method is an analysis of the parallel practices in the three Scandinavian countries.

The structure of the article is as follows. In the section *How to measure talent: testing and classification in research*, we introduce a general view on the role of testing in schooling and the international research related to it. The following three analytical sections stress three related, but different processes and institutional settings involving psychiatry and the sorting of schoolchildren. Firstly, in the section, *Testing in local school Contexts – the involvement of psychiatry*, we identify the different psychiatric practices within the schooling system: the IQ testing, the classification and referral of schoolchildren to remedial schools, and the establishment of school psychiatric offices. Secondly, in the next section, *Sorting schoolchildren through mental health counselling*, we examine the impact of mental hygiene and child guidance on the ideas and practices related to outpatient and advisory clinics in the three countries, and how the emerging institutional settings and new professional roles contributed to the differentiation of schoolchildren. Thirdly, in the last section, *Development in the psy-disciplines: new foundation for sorting practises*, we examine the effects of environmental interpretations and influences in the shaping of child psychiatry, and the move from counselling towards hospitalization and medical treatment. Finally, we present a conclusion discussion, summing up the function of psychiatrists in the sorting of children in the school system.

⁷ Nikolas Rose, *Inventing Our Selves Psychology, Power and Personhood* (Cambridge: Cambridge Studies in the History of Psychology, (1998); Nikolas Rose, *The psychological complex: mental measurement and social administration. Ideology and consciousness* (1979), 5, 5-68.

⁸ Mülberger "The need for contextual approaches to the history of mental testing", (2014).

How to measure talent: testing and classification in research

The volume of international research on the history of intelligence measurement, school psychology, and the development of special education has increased in recent years, and in the last decade, this field has also taken notice of the Nordic context. Historical, psychological, sociological, as well as discourse analysis perspectives try in different ways to explain the origin and historical development of mental testing. It is impossible to consider all these perspectives in depth, so we will simply provide background and a few brief examples.

According to central studies, several Western nations became concerned with the quality of their own people in the late 1800s and early 1900s. On one hand, society was characterised by utopian optimism about development; on the other, it seemed caught up in the fear of social degeneration, imagining that the “wrong people” were reproducing to an excessive extent. The theory of degeneration was helpful in explaining a variety of societal ills that elites believed threatened civilisation. Eugenics, a term coined by the English statistician and geneticist Francis Galton in 1883 to refer to the idea of improving humanity through biological interventions, was presented as a solution to this degeneration.⁹ According to Haave, social degeneration was a disputed concept, but in the early 20th century, strong support developed among much of the scientific community for Mendelian laws of inheritance, especially in connection with mental disorders and antisocial behaviours.¹⁰ Towards the late 1930s, however, the importance of the environment became more widely recognised, and by the end of the 1940s, the environment had become the dominant explanation of human behaviour. This shift of focus from inheritance to the environment was not linear.¹¹ These explanations often overlapped, and they both emphasised the analysis of individuals within populations and displaced older religious and moral views of human corruption and sin.

Popkewitz has noted that educational reforms can be considered a way of managing and improving the population, especially when education began to be available to all individuals, regardless of class, gender, or ethnicity. This went hand in hand with the practice of delineating and distinguishing groups that did not fit into the intended educational system. American educational reforms from the late 1800s to the present have been founded on the notion that, through education, rational and enlightened citizens could be formed.¹² On one hand, such reforms represented inclusive ambitions and claims to universality; on the other, they reflected the designation of groups regarded as threats to society, according to Sjögren.¹³ In the early 1900s, the development of various scientific techniques and

⁹ Stephen J. Gould, *The Mismeasure of Man* (New York: W.W. Norton, 1996).

¹⁰ Per Haave, *Ambisjon og handling. Sanderud sykehus og norsk psykiatri i et historisk perspektiv*. (Oslo: Unipub forlag 2008); *Sterilisering av tatere 1934–1977. En historisk undersøkelse av lov og praksis*, (Oslo, Norges forskningsråd, 2000): 35–45; Mattias Tydén, *Från politik till praktik: De svenska steriliseringslagarna 1935–1975*, (Acta Universitatis Stockholmiensis Stockholm Studier in History – 63, 2002), 21–27.

¹¹ Mülberger “The need for contextual approaches to the history of mental testing”, (2014), 177–178.

¹² Thomas S. Popkewitz, *Cosmopolitanism and the age of school reform: science, education, and making society by making the child* (New York: Routledge 2008) 7–11.

¹³ David Sjögren, *Den säkra zonen: Motiv, åtgärdsförslag och verksamhet i den särskiljande utbildningspolitiken för inhemska minoriteter 1913–1962*, (Diss) (Umeå: Umeå universitet 2010) 9.

technologies enabled the classification of population groups and individuals and the identification of those regarded as dangerous and deviant.

Children's receptivity to education was usually considered directly related to their intellectual ability. The lesser the talent, it was thought, the harder it was to bring about change by influencing the environment. When scientific and political interests started to be applied to human beings and their aptitudes, abilities, and talents, it became more important to gain both knowledge of talent and an understanding of how to measure it.¹⁴ New ways of understanding talent were developed in the international scientific community. Francis Galton's argument that every nation's intelligence was distributed in accordance with a normal curve constituted an incredible breakthrough, as did the Frenchman Alfred Binet's method for measuring intelligence in the early 1920s.¹⁵

Intelligence measurement and other sorting techniques – such as genealogies, manuals, physical measurements, reports, personal files, and various group tests – became methodologies by which school administrators could determine what pupils were and were not on a par with their age category. Questions of talent, intelligence, and mental health became important parts of educational system change in the Western world during the early 20th century. How did the sorting efforts of schools work in practice, and how did these efforts and the experts and professions involved in them differ between local contexts?

In *The Measure of Merit*, the historian Johan Carson used a comprehensive, broad historical perspective to explain the differences in how France and America have related to intelligence measurements and in their efforts to integrate meritocracy, or a system of merit, into their emerging democracies. Carson claimed that in France, intelligence was associated with an elite class, while in America, it became associated with certain intrinsic (i.e., hereditary) characteristics and was thereby seen as something very difficult to change. In other words, according to Carson, the use of intelligence measurement “tells the story of how American and French republics turned to the science of human nature to help make sense of the meaning of inequality”,¹⁶ in France through a selective education system, and in America through widespread institutional use of mental tests, claimed to be objective scientific instruments. Carson's study is comparative history, and he shows how quantitative versus qualitative assessment of merit in education lies at the very heart of current national debates. In other word, the political choices made will profoundly affect our future.

Carson's ambitious and solid book has two shortcomings, Annette Mülberger has pointed out. First, it ignores the important child-study movement and its experts, who were significant in the sorting of schoolchildren. Second, its national-level comparison ignores the nuances and local-level variations in testing practices. Studies of child guidance outpatient clinics in various countries identify national variations in organisation and theoretical approaches emerging from political, economic, and

¹⁴ Nikolas Rose, *The Psychological Complex: Psychology, Politics and Society in England 1869–1939*, (London: Routledge & Kegan Paul 1985); Nikolas Rose, “Psykologens blick” in Kenneth Hultqvist & Kenneth Petersson (red.), *Foucault: Namnet på en modern vetenskaplig och filosofisk problematik: Texter om maktens mentaliteter, pedagogik, psykologi, medicinsk sociologi, feminism och bio-politik*, (Stockholm: HLS förlag 1995).

¹⁵ Gould (1996).

¹⁶ Carson, *The measure of merit: Talents, intelligence, and inequality in the French and American Republics*, 1.

administrative contingencies.¹⁷ Stewart has argued that child guidance in the United States and the United Kingdom was largely a psychiatric project, with a prominent position for medicine. The team model was strong, but professional relationships were negotiated and the precise divisions of labour and authority between experts within the teams differed between the British and American contexts.¹⁸ Thus, it will be important to study broader relevant intellectual currents as enhanced by different international networks, and their influence on local sorting practices, as well as the relationships between the experts in various settings.

Testing in local school contexts – the involvement of psychiatry

Intelligence testing was introduced in the Scandinavian countries in the early 1900s. As Thom Axelsson's research demonstrates, how talent was understood was not imposed from above but developed with reference to research and statistical data at a local level, where different professional actors initiated new practices. For example, it was the school physician Alfhild Tamm (1876–1959) who introduced small-scale intelligence testing in 1910 in Sweden, using a translation of Binet's test to sort out students from mainstream classes in Stockholm schools in order to aid teaching; she was supported in this effort by school inspectors and headmasters. Furthermore, the great importance of the concept of "talent" for the social organisation of schools in Sweden between 1910 and 1950 came to be linked to the emerging welfare state and the transformation of the Swedish educational system. In a democratic society based on meritocratic ideals, it was difficult to justify a school system divided according to social class, gender, or geography. In that context, talent became a cornerstone of Swedish educational thinking when remedial classes were introduced.¹⁹

Christian Ydesen's work on experiences of early 20th-century Danish educational history and IQ testing also applies both top-down and bottom-up perspectives, gaining a fuller understanding of contemporary accountability measures and their potential.²⁰ Ydesen and Hamre stressed the way educational psychologists and new experts provide valuable knowledge of the inner workings of modern-day education, with regard to the links between society and education in general and the boundary between normality and deviance in particular. The establishment of educational psychology as a discipline, the introduction of IQ testing, and the related psychological testing of students together provide an image of a period of measurement in schools. During this period, IQ testing was used in

¹⁷ Nelleke Bakker, "Child Guidance and mental health in the Netherlands" *Paedagogica Historica* no 6, Vol.42 (2006); Thom, Deborah (1992): "Wishes, anxieties, plays and gestures: Child guidance in inter-war England". In Roger Cooter (ed): *In the name of the child: Health and welfare, 1880–1940*, London: Routledge, pp: 200–220; John Stewart, *Child Guidance in Britain, 1918–1955: The Dangerous Age of Childhood. Studies in the History of Medicine* (Taylor & Francis 2016).

¹⁸ Stewart, *Child Guidance in Britain*; Mülberger "The need for contextual approaches to the history of mental testing", (2014), 177–186.

¹⁹ Thom Axelsson, *Rätt elev i rätt klass: skola, begåvning och styrning 1910–1950*. Diss. (Linköping: Linköpings universitet, 2007).

²⁰ Ydesen, *The Rise of High-Stakes Educational Testing in Denmark (1920–1970)*, (2011) 238; Christian Ydesen, "International Space of the Danish Testing Community in the Interwar Years", *Paedagogica Historica* 48, no 4 (2012), 589–99.

deciding whether to transfer students to remedial schools, making such testing the foremost sorting technology.²¹

The emerging field of educational psychology became a mediating authority between mainstream and remedial schools.²² Prior to the dominance of school psychologists in IQ testing, the examination of children was seen as a job for teachers and headmasters in collaboration with physicians, who conducted the testing without any formal training. This professional privilege came to be challenged by both school psychologists and teachers. In 1930, Danish teacher and psychologist Henning Meyer (1885–1967) began to conduct school-based psychological examinations of 15 schoolchildren referred to a remedial school. In 1934, Meyer established a school psychology office in Frederiksberg Municipality, the first of its kind in Scandinavia.²³

The prominent role of educational psychology in testing emerged through the activities of two important organisations.²⁴ The Association for Experimental Education (Foreningen for Experimentalpædagogik) was founded in 1914 and contributed to the emergence of a positive attitude towards the use of intelligence testing in Danish schools. Even more important was the establishment of the Committee for School Psychological Examinations (Udvalget for Skolepsykologiske Undersøgelser) in 1924, with Associate Professor in Applied Psychology Rasmus Hans Pedersen (1870–1938) as chair and Henning Meyer and the teacher and psychologist Sofie Rifbjerg (1886–1981) also playing key roles. The aim of the Committee was to develop an IQ test for the emerging field of school psychology, for use within the school system. Rifbjerg was also involved in progressive organisations such as the Free School (Den frie Skole), the Danish chapter of the New Education Fellowship (NEF), a worldwide organisation of progressive educationalists. As one of the leading figures in the Danish progressive education movement, she believed in the introduction of school psychology and intelligence testing into the school system.

In their study of differentiation processes in the school system in early welfare-state Denmark, Ydesen, Hamre, and Andreassen (2018) argued that the practice of IQ testing became established due to increasing professionalisation and collaboration between professions that called for stronger internal labour divisions between professional groups.²⁵

In the Norwegian context, several studies have addressed the roles of and relationships between professional actors in IQ testing, educational reform, and child mental health.²⁶ Ludvigsen and Seip

²¹ Bjørn Hamre & Christian Ydesen, “Ascent of Educational Psychology in Denmark in the Interwar Years” *Nordic Journal of Educational History*, Vol. 1, no. 2 (2014), 87–11.

²² Ydesen, *The Rise of High-Stakes Educational Testing in Denmark (1920–1970)*. 46–47, 55.

²³ Hamre & Ydesen, *Ascent of Educational Psychology in Denmark in the Interwar Years*.

²⁴ Ydesen, *The Rise of High-Stakes Educational Testing in Denmark (1920–1970)*. Hamre & Ydesen Ascent of Educational Psychology in Denmark in the Interwar Years.

²⁵ Christian Ydesen, Bjørn Hamre & Karen E. Andreassen. “Differentiation of Students in the Early Danish Welfare State: Professional Entanglements Between Educational Psychologists and Psychiatrists”, *Nordic Journal of Educational History*, 2018, Vol. 5, no. 1, pp. 73–96.

²⁶ Synnøve Hernes, *Velferdsstat, barnevernsreformer og profesjonalisering av psykiatrien*, (Bergen: Los-senter Notat 92/21, 1992); Anne Homme, *Vi vil løfte skolen og løfte standen. En studie av feminiserings- og profesjonaliseringsprosessen i læreryrket i Norge, 1890–1912*, (Hovedoppgave, Universitetet i Bergen, Institutt for administrasjon- og organisasjonsvitenskap, rapport nr. 21, 1993); Eva Simonsen, *Vitenskap og profesjonskamp*.

addressed the theoretical inspirations of child psychiatry in Norway as well as institutional arrangements and the changing understandings of children's mental problems from 1900 to 1970. Their study also identified the crucial role of psychiatric expertise in local educational systems in larger cities during the interwar period.²⁷

As school health services expanded in Norwegian municipalities in the early 20th century, the segregation of schoolchildren became one of its tasks.²⁸ Various problems, ranging from somatic illness and handicaps to learning disabilities problems and the disruption of teaching, were regarded as criteria for exclusion from the ordinary classroom. Physicians and psychiatrists became proponents of IQ testing, among them professor of psychiatry Ragnar Vogt (1870–1943). The prevention of “social diseases” was a crucial part of his programme for Norwegian psychiatry, placing schoolchildren at the centre of interest of an expanding psychiatric profession. Vogt regarded the new tests as well suited for differentiating between groups of children in both schools and childcare settings, and participated in developing tests for mental “backwardness” to be administered in schools. From the early 1930s, representatives of the new discipline of psychology also became interested in the testing of schoolchildren, which became a field of practice and research for some of the first practising psychologists.

Up to 1923, the heads of mainstream primary schools, school physicians, and heads of remedial schools carried out the identification of students for remedial school in Norwegian municipalities collaboratively. The system was dependent on action taken by schoolteachers, who referred the children to the head teachers and the remedial schools. In Oslo, a part-time position for a psychiatrist was established in 1923. Johan Lofthus worked part-time at the municipal remedial school, carrying out tasks as a school physician, testing for and treating what he considered mental deficiencies among children, and advising the teachers. He also tested students for the remedial school and gave advice based on IQ testing before the headteachers conducted pedagogical tests.²⁹

The production of a standardised Scandinavian version of the Binet–Simon test is one of many examples of strong international influence in this arena in Scandinavia, although the outcomes of this test could vary significantly from those of the original. The Scandinavian test was in fact a patchwork

Opplæring av døve og åndssvake i Norge 1881- 1963, (Avhandling, Dr Scientgraden, Institutt for spesialpedagogikk, Det utdanningsvitenskapelige fakultet, Universitetet i Oslo 1998); Jan Froestad & Bodil Ravneberg, "Education policy, the Norwegian unitary school and the social construction of disability", Scandinavian Journal of History, Volume 31, 2006 - Issue 2, 129–130.

²⁷ Kari Ludvigsen & Åsmund Arup Seip, «The establishing of Norwegian Child Psychiatry: Ideas, pioneers and institutions», *History of Psychiatry* 20(1) (2009): 5–26; Kari Ludvigsen, The “psy-experts” and the minds of children: Transfer of knowledge in inter-war Norway and Sweden”, in *In Experts We Trust: Knowledge, Politics and Bureaucracy in Nordic Welfare States*, eds. Åsa Lundqvist and Klaus Petersen (Odense: University Press of Southern Denmark, 2010): 149–180.

²⁸ Astri Andresen & Kari Tove Elvbakken, ”Skolehelsetjenesten – forme rom, kropp og sinn” i Elvbakken og Riise (eds.): *Byen og helsearbeidet.* (Bergen: Fagbokforlaget, 2003), 57–80

²⁹ Signe Gran & Julie Monrad Jacobsen, *Oslo særskole gjennom 50 år 1892 -1942.* (Oslo: Thronsen & Co. Boktrykkeri 1943), 71

of different psychologists' work, only partly in accordance with the original French test, strongly influenced by the American psychologist Lewis M. Terman's Stanford–Binet test.³⁰

Among the few works comparing developments in the Scandinavian countries, an article by Ydesen, Ludvigsen, and Lundahl analyses the processes giving rise to the Swedish, Norwegian, and Danish professional development and testing communities.³¹ National testing communities advocating the introduction and expanded use of standardised educational tests in the national educational systems emerged around World War I. Using international research and cross-border networking activities, these coteries were able to gain power and establish a new profession, the educational psychologist, along with instituting practices of alleged scientific testing in the following decades. Arguably, the testing communities were able to gain authority in the national educational fields through creating and maintaining organisations, knowledge, and practices, as well as through forming alliances with politicians, universities, and teachers' unions in a joint endeavour to promote educational psychology and testing in the three Scandinavian educational fields.

The testing phase developed through the activities of various individuals in the three countries. The Binet–Simon IQ test was adapted differently in Denmark, Norway, and Sweden. While in Denmark, the educationalist and psychologist Sofie Rijfbjerg modified the test to fit Danish conditions, in Norway, the psychiatrist Johan Lofthus produced the first adaptation, and in Sweden, the physician Alfild Tamm translated and later adapted the test. The production of a standardised Scandinavian version of the Binet–Simon test is one of many examples of strong international influence in this arena in Scandinavia, although the outcomes of this test could vary significantly from those of the original. Initially, the Scandinavian tests were sometimes a direct translation of Binet–Simons, but later on became a patchwork inspired by different psychologists' work and were only partly in accordance with the original French test. The influence of the American psychologist Lewis M. Terman's Stanford–Binet test was particularly strong. In Denmark, teachers and psychologists were involved in the process of IQ testing from the beginning. In Norway and Sweden, the collaboration between teachers and physicians had a stronger influence on the application of the test in practice. Whereas psychiatrists and physicians interested in psychiatry seem to have played a leading role in Norway and Sweden, psychologists came to dominate testing in Denmark early on, for example, by establishing the first office for school psychology in 1934. According to Skard,³² clinical psychology and child guidance more strongly influenced testing psychology in Norway than more quantitative approaches, resulting in a greater stress on emotions and the social environment than in other countries.

³⁰ Ydesen, *The Rise of High-Stakes Educational Testing in Denmark (1920–1970)*. Hamre & Ydesen Ascent of Educational Psychology in Denmark in the Interwar Years; Axelsson, *Rätt elev i rätt klass: skola, begåvning och styrning 1910–1950*.

³¹ Christian Ydesen; Kari Ludvigsen; Christian Lundahl. Creating an Educational Testing Profession in Norway, Sweden, and Denmark, 1910–1960. In: *European Educational Research Journal*, Bind 12, Nr. 1, 2013, pp. 120–138

³² Åse Gruda Skard 1959

Previous research has been devoted to the use of intelligence measurements in the differentiation process. What is lacking, however, is a thorough analysis of the role of psychiatry in testing in a Scandinavian setting, also considering the various institutional arrangements, technologies, and ideas about childhood and deviance associated with testing practices. We accordingly argue that differentiation in the school system was not only implemented in response to the technology of IQ testing, but also involved contextual factors such as the constitution of increasing interdisciplinary collaboration including new institutions related to the school system.

Sorting difficulties emphasise the need for interprofessional collaboration

We argue that the practice of classification and the referral of students to remedial schools represented in themselves important practices in the emergence of collaboration between different professionals, such as psychologists, psychiatrists, and teachers. The challenge of sorting brought different professionals into play and contributed to the emergence of different types of collaboration, the specific forms of which were related to local differences and practices in the three Scandinavian countries.

This section examines some of the ways in which the practices of sorting and testing were challenged by certain types of schoolchildren identified as problematic by the professionals. These practices were instituted at the initiative of local agents, inspired by the exchange of ideas in Scandinavian networks. Scandinavian educationalists and teachers held Nordic Remedial School conventions and exchanged ideas. The Nordic journal *Værneskolen* (The remedial school) was published starting in 1923. The Danish teacher and psychologist Sofie Rifbjerg and the Swedish school doctor Alfhild Tamm had key roles on the board of the journal forum.³³

One central objective of the sorting of schoolchildren was to homogenise classes in such a way that all students would receive the type of education that, given their level of talent, they were deemed able to cope with. Remedial schools in Scandinavia in the 1920s and 1930s functioned as a reservoir for all kinds of children seen as deviating from the norms of mainstream schools. Children considered less talented were to be sorted out of the school's mainstream classes and, it was hoped, become useful for society through separate education and other measures.³⁴ The difficulties of determining boundaries also led to new, more restricted ability categories describing students, such as "idiot", "imbecile", "moronic", "slightly backward", "normal", and "above average". Varieties of remedial classes were introduced in the 1920s and 1930s in the three countries, often established by local municipal authorities and educational experts rather than national governments. The school systems in the different countries had several obvious similarities in the period: each was confronted with the societal need to sort children; remedial classes and schools were established across the region for those children assessed as anomalous; and all countries seemed to confront the limitations of testing when it came to students labelled problematic. These children formed a heterogeneous group and, in

³³ Anne Katrine Gjerløff, Anette Faye Jacobsen, Ellen. Nørgaard og Christian. Ydesen. Da skolen blev sin egen – 1920–1970, Dansk skolehistorie 4, Hverdag, vilkår og visioner gennem 500 år, 248.

³⁴ Ydesen, *The Rise of High-Stakes Educational Testing in Denmark 1920–1970*, 48, 53–58; Axelsson, *Rätt elev i rätt klass: skola, begåvning och styrning 1910–1950*.

their emerging collaboration in this period, psychologists and psychiatrists stressed scientifically substantiated differentiations within this broad group of children. This meant that professionals were obliged to use different methods and categories to assess children, which could complicate the question of which was the correct educational solution.

It became usual to distinguish between “problem children” and children with “learning disabilities”. In narratives surrounding problem children, or simply “difficult children”, deviance appeared in the form of lying, disobedience, and sexual behaviour perceived as inappropriate. Children considered to have learning disabilities were characterised by an “under-stimulated” degree of intellectual development, affected by different social conditions that influenced the development of the deviance.³⁵ Problem children, however, presented a particular challenge to the field of educational psychology, making it clear that understanding children’s difficulties required the involvement of other professional groups, such as child psychiatrists.

To separate disabled and troublesome children from the mainstream Norwegian school system, in the 1920s, the municipalities of Oslo and Bergen engaged psychiatrists to carry out IQ and other kinds of testing of schoolchildren. The Norwegian Psychiatric Association suggested establishing outpatient clinics inspired by the ideas of child guidance. Gradually, a teamwork model developed, based on collaboration between psychiatrists, physicians, nurses, and psychologists. Classes and schools for children considered “backward” were established in an alliance between municipalities, physicians, and progressive remedial schoolteachers. Although a certain reluctance has been detected amongst the leading radical pedagogues of the time, researchers have noted a medical–pedagogical alliance influencing the differentiation of schoolchildren. “Backwardness”, was defined as a category between normality and “mental retardation”. This category of children was separated through intelligence testing and regarded as most suitably handled in remedial classes or separate schools where individualised education in small groups played a key role.³⁶ In such classes, doctors could supervise and guide the teachers on the differentiation of children with learning and mental disabilities.³⁷

IQ testing was not enough to determine whether a child was “slow”, “impossible”, “badly behaved”, or would benefit from remedial classes. Alfild Tamm wrote that one had to analyse carefully each case to uncover the circumstances affecting the child’s difficulties in school. She prepared forms or manuals with comments on how to apply for transfer to remedial class.³⁸ The manual was intended to help the teacher compile documentation about the “problem child”, including a form reporting on conditions at home (e.g., poverty or neglect), schooling, illnesses, infirmities, behaviour, attention, writing and reading skills, memory, and self-care ability. The notification was to indicate whether the main problem was “intelligence deficit” or “other abnormality”.³⁹ Teachers could carefully observe

³⁵ Henning Meyer, “Skolepsykologen arbejder”, *Folkeskolen* (1943), 603.

³⁶ Anne Homme, *Vi vil løfte skolen og løfte standen*, 173; Jan Froestad & Bodil Ravneberg, “Education policy, the Norwegian unitary school and the social construction of disability, 129–130

³⁷ Synnøve Hernes, *Velferdsstat, barnevernsreformer og profesjonalisering av psykiatrien*.

³⁸ Alfild Tamm, “Ordblindhet och därmed besläktade rubbningar hos barn”, *Förhandlingar vid allmänna svenska mötet för vården om de sinnesslöa Karlstad 18–19 juni 1924* (1924), 24–25.

³⁹ Alfild Tamm, “Om bedömandet av barn”, *Hjälpskolan* (1932) 91.

the children's mental qualities. Tamm recommend, that in case the teachers were unsure of the correct interpretation of the children's behaviour they should simply record the details, and then let an expert interpret the meaning. The documentation concerned not only the individual student but also his or her entire environment. The so-called "family history" became increasingly central in determining the extent of the problem and in suggesting possibilities for further action.

In the psychiatric practice of Torsten Ramer, the physician and director of Stockholm's guidance agency, it was essentially doctors' and teachers' observations and documentation that determined the placement of children in the school system. The professional conducting the assessment was encouraged to refer to his or her "observations", "experiences", and "feelings". However, the child's "disease history" and "family history" were also central to causal explanations as well as to providing suggestions for treatment. According to Ramer, it was easier to identify problems of intellectual development than personality disorders of various kinds. In the latter case, reference was made to the data contained in the child's disease history and to the expert's own judgment. In Ramer's view, it was crucial to understand the whole context of the child.⁴⁰

In the formation of the Scandinavian welfare states, the social politics was the main instrument in building the new welfare society, and with planning and state control, it was hoped that a new future would emerge. Experts of various sorts were consulted and scientific methods were used to identify the "well-behaved populace" that would be considered fit to benefit from welfare services. The role of the school was to perform intelligence measurements to detect differences. Scandinavian educators, paediatricians, and philanthropists engaged in intensive debate about how to treat those children who for various reasons could not adapt to the requirements of school, for example, those who had difficulty behaving in the classroom, who could not sit still, had difficulty regulating their mood, or behaved in an inappropriately sexual manner. It was these children in particular who raised questions for the emerging fields of child and school psychiatry. As earlier Scandinavian research – unlike much international research – has shown, the schools' configuration was determined less by political decisions at the national level and more by various local decisions. In this context, it might be better to speak of social engineering from below. Not infrequently, it was decisions made in agreement with professionals such as doctors and elementary school inspectors that were operative, especially when it came to the schools' sorting work.

The Institutionalisation of psychiatry within the school system

As seen above, psychiatry and psychiatrists were involved in the institutional sorting in the school system. In this section, we trace the variations in the formal and institutional arrangements, and in the professional roles of psychiatrists within the school system.

In the case of Denmark, school psychiatric offices were established in Aarhus and Copenhagen at the beginning of the 1940s (1940 in Aarhus and 1941 in Copenhagen). In Aarhus Municipality, Margrethe Lomholt (1903–1990) was employed as head school psychiatrist at the Educational Psychiatric Office from 1940 until the office changed its name to the School Psychological Office

⁴⁰ Torsten Ramer, *Skolsvårigheter i psykiatrisk belysning: en kort vägledning för föräldrar och lärare*, Studentföreningen Verdandis småskrifter nr 443, 1941.

seven years later.⁴¹ In Copenhagen, Karen Margrethe Simonsen (1903–1953) became a school psychiatrist with a practice at the city's school psychology office in 1941. Collaboration with school psychologists was crucial to the services, causing disputes concerning who should assess the children. In Copenhagen, it was the role of the head school psychologist to decide whether a child should be examined by the school psychiatrist, who did not always agree with the decisions of the school psychologist. The institutional organisation of professional roles at that time favoured the psychologists.

Whereas school psychologists played the dominant role in sorting and testing student IQ from the beginning in Denmark, psychiatrists and physicians were the first to take up this kind of work in Norwegian cities. As mentioned, the position of school psychiatrist was initiated in Norway's two largest cities, Oslo and Bergen, during the interwar period. A few psychologists were employed in counselling offices from the late 1930s. When Norwegian municipalities set up the first school psychological counselling services, these were based on varying models of the division of labour between psychiatrists, psychologists, and teachers.

In 1938, a school psychologist became part-time employed in Aker, close to Oslo.⁴² From 1940, a team consisting of a school psychiatrist and a psychologist began to examine Aker schoolchildren who had problems with their schoolwork; the psychologist took responsibility for the testing while the psychiatrist conducted neurological–psychiatric examinations.⁴³ A second office was established in Oslo in 1946–1947 with a part-time position for a psychiatrist along with three psychologists, two assistants, and two social workers. In Bergen, paediatricians were recruited to the school psychiatry post. The principle was that no child should be referred to remedial classes against the advice of the school psychiatrist. When Bergen Municipality at last decided to employ a psychologist in the school health services in 1952, various organisational models from services in Norway and abroad were considered. The team model inspired by cities in the United States, England, and Norway was preferred over the more individual work model seen at some of the Danish offices.⁴⁴

In Sweden, school psychiatry became a branch of child psychiatry, but overall it is difficult to make a clear distinction between early school psychiatry and child psychiatry: the fields often overlapped and their practitioners worked in close collaboration. As in Norway, doctors interested in psychiatry was the ones who devoted themselves to child and school psychiatry. Overall, they enjoyed good cooperative relationships and mutual understanding with parents, teachers, head teachers, and school inspectors. In Sweden, school psychiatry as a field has generally worked well in collaboration with other professions, such as educational psychology and teaching. Close working relationships developed in Sweden between several interventions and institutions involved in children's education. One of the main concerns of school psychiatry here was the placement of students in the appropriate class, partly for their own sake, and partly due to the desire to place children where they were considered least likely to engage in behaviours detrimental to other pupils' learning.

⁴¹ Ingrid Winther, *Mellem videnskab og lidenskab* – Sofie Rifbjerg og skolepsykologien (Forlaget Mikro 2013).

⁴² Evjen 1982: 15–16; Skard 1959: 23.

⁴³ Oftedal 1952: 7

⁴⁴ Bergen formannskap 1952, nr.11.

Sorting schoolchildren through mental health counselling

As we have pointed out, local actors introduced, developed, and put IQ tests into practice in all three Scandinavian countries during the first decades of the 20th century. Parallel to this development, more interpretative methods came into use alongside IQ tests to describe and document students. It has been argued that an emerging environmental perspective on child deviance gradually replaced the biologism dominant from 1880 to 1940, both generally and in the Scandinavian countries.⁴⁵ In the early 1930s, the first moves were made in Scandinavia towards the establishment of mental health counselling for children, fuelled by the ideas of the international mental hygiene movement. Professional attention increasingly turned away from eugenic theories of degeneration and psychopathy and towards the context of upbringing in the family, local community, and educational institutions. New professional practices in child psychology and psychiatry were trialled on a limited scale in Scandinavia, drawing on ideas that developed more fully into institutionalised services after World War II. In the following, we trace the interpretation of mental hygiene ideas as well as the development of related networks in Scandinavia, exploring the role of mental hygiene advisory clinics in the biopolitical mapping of schoolchildren and their environment.⁴⁶

As in other countries, Scandinavian experts initiated counselling activities based on a mixture of ideas drawn from mental hygiene, psychoanalysis, and child psychology. The mental hygiene movement has been regarded as a bridge between the biologically oriented hygienism of the early 20th century and the socio-political reforms of the interwar period.⁴⁷ This movement promoted ways of preventing mental illness and social problems starting in the early 1900s in the United States, with a core idea being that a healthy population could be secured through the proper upbringing of children. The first task was accordingly to foster a more favourable environment for the upbringing of children. Closely related to mental hygiene were the ideas and practices of child guidance that spread throughout the United States starting around 1920 and gained international attention through the international mental hygiene movement, scholarships, and funding. Inspired by their travels and conferences in the United States and England, Scandinavian experts translated the ideas of mental hygiene and child guidance into their own languages from the 1920s onwards. Local mental hygiene associations were established in the aftermath of the First International Congress on Mental Hygiene in 1930, and came to play a crucial role in the establishment of counselling clinics in Norway and Sweden.

As mentioned, several studies have stressed the varying approaches and practices of child guidance in different countries. The clinics established between 1920 and 1939 were inspired by the English tradition of studying children and childhood, as well as by psychoanalysis and American

⁴⁵ Knut Kjeldstadli, «Biologiens tid. Randbemerkninger om viten og venstrestat,» In *Kunnskapsregimer. Debatten om de nasjonale strategier*. E. Rudeng, ed. (Oslo: Pax Forlag A/S 1999), 149–151.

⁴⁶ Roger Qvarsell, "Från vanart till psykopati: Om barnpsykiatrins framväxt i Sverige under mellankrigstiden, *Lyconos*. (1985).

⁴⁷ John Stewart, "The dangerous age of childhood": child guidance and the "normal" child in Great Britain, 1920–1950"; *Paedagogica Historica*, Volume 47, Issue 6 (2011); John Stewart, *The Dangerous Age of Childhood. Studies in the History of Medicine*.

psychological medicine.⁴⁸ The holistic and organic approach of American child psychiatrists Adolf Meyer (1866–1950) and Leo Kanner (1894–1981) inspired the early British counselling clinics, but psychoanalytic ideas seem to have played a more modest role in Britain than in the United States. The ideas of the English child psychologist Cyril Burt (1883–1971) concerning the relationships between inheritance and intelligence became crucial for the transposition of psychological tests to Scandinavia, and his theories of intelligence and heredity reverberated in the Danish debate on eugenics and social hygiene.⁴⁹ During the interwar period, Scandinavian experts turned much of their attention on developments in the Anglo–American sphere, but one should note that European influence also persisted, in particular among the psychoanalytically oriented psychiatrists and psychologists.⁵⁰

In the late 1920s and early 1930s, all three Scandinavian countries saw local initiatives to implement organised counselling, inspired by mental hygiene and child guidance. However, the initiatives varied in their theoretical approaches, institutional organisation, and classification of clients. The Danish psychologist Henning Meyer established the first school psychological office in Scandinavia in the municipality of Frederiksberg in 1934. Inspired by Cyril Burt’s practice in England, Meyer set up collaboration with the new child psychiatric clinic at Rigshospitalet (the central hospital) in Copenhagen in 1935, enabling him to refer children perceived as “problem children” or “difficult” for a psychiatric examination.⁵¹ The clinic, intended to provide guidance for nervous and difficult children, was the first clinical institution dedicated to child psychiatry in Denmark.⁵² Until then, the only available measures for dealing for children assessed as problematic centred on disciplinary sanctions and institutions such as Dagarbejdsskolen, a school for boys deemed uncontrollable.⁵³

A few outpatient clinics and child guidance clinics were also established in Denmark. According to one of the key actors of the time, psychiatrist Margrethe Lomholt, children with educational difficulties in Denmark gradually became more visible at the outpatient child psychiatry clinics established in hospitals during the 1930s:

The work at these clinics was of a strictly advisory nature. In collaboration with school psychologists and social counsellors, [the psychiatrists at the clinics] communicated with the child’s parents, collaborated with the teachers, and in some cases with the kindergarten – and leisure home assistant with the intention change their attitude towards the child by means of conversations and counselling. Additionally, in cases where this was considered important,

⁴⁸ John Stewart, “The dangerous age of childhood”.

⁴⁹ Lene Koch, *Racehygiejne i Danmark 1920–1956*, (København: Gyldendal 1996), Carsten Bendixen: *Psykologiske teorier om intelligens og folkeskolens elevdifferentiering* (Roskilde: Roskilde Universitetsforlag 2006); Ydesen 2010.

⁵⁰ Haave 2000.

⁵¹ Anne Katrine Gjerløff, Anette Faye Jacobsen, Ellen. Nørgaard og Christian. Ydesen. Da skolen blev sin egen – 1920–1970, Dansk skolehistorie 4, Hverdag, vilkår og visioner gennem 500 år, 248.

⁵² Karen Margrethe Simonsen, Børnepsychiatriske problemer i skolen, *Vor Ungdom*, (1942), 101–114, 101.

⁵³ Ellen Nørgaard, Tugt og dannelse – tre historier fra kulturkampens æra. (København: Gyldendal, 2006).

the child was relocated in the school through referral to remedial class, observation class, or other special classes.⁵⁴

In the early 1920s, the Norwegian Psychiatric Association promoted the idea of establishing outpatient clinics, inspired by the ideas of mental hygiene and child guidance as well as the French system. In 1928, the psychiatrist Wilhelm Grimsgaard (1868–1937) acted on this idea, and set up an outpatient mental health clinic in Lier, close to Oslo. The clinic offered IQ testing of schoolchildren and coordinating services for “retarded” and “troublesome” children, later becoming an advisory service for schools in nearby counties.⁵⁵

Starting in 1931, the newly established mental hygiene associations took steps to establish mental healthcare advisory clinics for both adults and children in larger cities, basing their activities partly on unpaid work. The Oslo clinic was first led by psychiatrist Sigurd Dahlstrøm (1882–1933). He was among the leading national experts on IQ testing and heavily involved in the Norwegian mental hygiene movement. Interprofessional collaboration was crucial in the classification of children brought in by parents and teachers. One of the first Norwegian psychologists, Åse Gruda Skard (1905–1985), engaged in these initiatives from the early 1930s. Skard’s close relationships with the leading progressive educationalists in Oslo allowed her to test schoolchildren at Møllergata and Sagene schools. Inspired by studies in England and the United States, Skard saw an important role for clinics in helping children with their problems and in forging a link between school and home. She started home visits and tried to establish cooperation with parents.⁵⁶

In Sweden, physicians connected to school health services played a crucial role in initiating organised psychiatric counselling. School physician Julia von Sneidern (1874–1945) started the first example of such counselling in the Swedish school health system in 1919, referred to as “counselling for psychopathic children”. The school physician Alfhild Tamm assisted this work alongside her own work with children selected for remedial classes. On the island of Gotland, the physician Josef Lundahl (1883–1930) developed another initiative. In close collaboration with the local school inspector, Lundahl developed a framework in which teachers could refer children with psychiatric problems to him; Lundahl then examined these children and, if necessary, sent them to a special observatory.⁵⁷

In the late 1920s and early 1930s, several other initiatives contributed to the establishment of child psychiatry in Sweden. In 1928, two children’s homes opened for “nervous and psychopathic children”. With these two homes, the field of child psychiatry received its first real healthcare

⁵⁴ Lomholt, Margrete: *Lidt om børnepsykiatri, Unge Pædagoger Jubilæumsnummer*, 1950, 58–60, 59 Translation by author.

⁵⁵ Siri Gullestad & Anna Louise von der Lippe (eds), *Kvinner i psykologien. Portrett av ni pionerer*, (Oslo: Universitetsforlaget, 1984), 187; Kari Ludvigsen & Åsmund Arup Seip, «The establishing of Norwegian Child Psychiatry: Ideas, pioneers and institutions».

⁵⁶ Hernes 1992; Åse Gruda Skard, “Arbeidet ved en mentalhygienisk klinikk”, *Norsk pedagogisk årbok*, 1934–35, 75–80.

⁵⁷ Qvarsell, “Från vanart till psykopati, 180.

institutions in Sweden. In the early 1930s, special classes for students considered “psychopathic” were also regarded as desirable in public schools. After several years of discussion, Uppsala public schools trialled so-called “psychopath classes” starting in 1930.

As in the Norwegian case, the representatives of the mental hygiene association in Sweden took some initiatives in the early 1930s. The man who founded the Swedish Society for Mental Health in 1931, Victor Wigert (1880–1942), advocated establishing advisory agencies, based on a social psychiatric approach, to provide counselling for children classified as “psychotic” or “problem children”.⁵⁸ In 1933, the first child guidance agency for educational issues opened in Stockholm, and over the following years, several municipalities established similar agencies. The school could refer “severe cases” to the agency for investigation, as well as reporting to parents and child welfare authorities. Psychiatric examinations at the agencies usually focused on different types of education, educational difficulties, or symptoms of social maladjustment. In cities such as Stockholm, Gothenburg, and Malmö, the guidance agencies acquired an important role in assisting schools in their investigations into home life, as well as serving as a tool for ongoing work addressing educational issues. In general, confidence in open-minded care reforms and social outreach work was high.⁵⁹

We argue, regarding the theoretical position outlined at the beginning of this article, that the establishment of these counselling and advisory clinics represented, on one hand, an advanced way of administering school system discipline and of differentiating schoolchildren and, on the other hand, a biopolitical mode of further state intervention in the life of children and families.

Professional collaboration to promote children’s mental health

In the 1930s in Scandinavia, psychiatrists played a role in initiating counselling, in particular at outpatient clinics inspired by the mental hygiene movement. Prominent psychiatrists saw mental hygiene as central to psychiatric work, with the aim of preventing social illnesses and promoting mental health in the population. In the 1930s, new professional roles emerged and psychologists became increasingly involved in the clinics. Educational psychology was crucial in the process of sorting children into remedial classes, but the clinical gaze of the psychiatrist, who could carry out neurological and medical examinations and suggest proper treatment, supplemented their efforts.⁶⁰

In our cases, we can trace jurisdictional controversies between psychiatrists and psychologists. In Norway, this concerned jurisdictional control over the treatment of neurosis. Psychiatrists regarded all therapy as in the medical domain and secured a form of intellectual control over psychotherapy starting in 1938. Psychologists, however, gained the institutional backing to carry out advisory work with schoolchildren, establishing the foundation of educational psychology after World War II.⁶¹

⁵⁸ Viktor Wigert, ”Om psykisk hälsovård i barnåldern och samhälleliga åtgärder med för dess tillgodoseende”, *Skola och samhälle*. Tolfte årgången, 1931, 196–199.

⁵⁹ Ulf Jönson, *Bråkiga, lösaktiga och nagelbitande barn: Om barn och barnproblem vid en rådgivningsbyrå i Stockholm 1933–1950*, (Diss) (Linköping: Linköping studies in Arts and Science 159, 1997), 125–129.

⁶⁰ Andreassen, Hamre og Ydesen, Differentiation of Students in the Early Danish Welfare State: Professional Entanglements between Educational Psychologists and Psychiatrists.

⁶¹ Hernes, *Velferdsstat, barnevernsreformer og profesjonalisering av psykiatrien*, 9.

Another important controversy centring on the respective roles of psychiatry and psychology in Denmark and Norway related to the organisation of educational advisory services.

In Norway, both psychologists and psychiatrists stressed the role of the team in outpatient clinics. Skard was particularly concerned with the crucial role of teamwork and the staff meeting, where bits and pieces from separate investigations could be pieced together to form a unitary picture of the child.⁶² According to Skard, the work of American clinics resembled the work of the Norwegian school psychiatrists: taking care of problematic children, segregating those suited for remedial classes, and assisting the others and trying to solve their problems. Assisting the sorting of children with differing levels of talent was also a crucial task. In the Oslo mental hygiene clinic, the doctors addressed the parents and observed the child to gain information about the child and the conditions to which he or she was subject and to discover possible illnesses.⁶³ The psychologists tested the child's IQ⁶⁴ and the nurse observed the child at school, in the playground, and at home. After examinations, the results were summarised and advice was given to teachers or parents.

The role of the advisory clinics: defining new aspects of childhood

The development of child guidance ideas and practices in the interwar era has been regarded as a notable change in perceptions of childhood, shifting attention from the body to the mind.⁶⁵ Mental hygiene and child guidance also inspired Scandinavian psychiatrists and psychologists to engage in clinical counselling to differentiate between children regarded as troublesome by schools, childcare providers, and parents. Qvarsell has noted the close ties between the Swedish mental hygiene movement and the new orientation of social policy in the 1930s towards issues of childhood, motherhood, and reproduction.⁶⁶ The Scandinavian experts defined new concerns regarding childhood dangers related to the family situation, local society, and the school system, but also related to larger societal changes, such as the pressures of modernity and the unstable social conditions brought about by World War I and its aftermath. Thus, child guidance efforts were related to the interwar process of restoring social order through science. According to Rose, child guidance contributed to the pathologising of childhood and of family relationships.⁶⁷ The engagement of psychiatrists, psychologists, and educators with nervous children heralded a new focus on family relationships and the emergence of the idea that modern society could represent a threat to healthy childhood.

Advisory outpatient clinics offered their services to children with a range of nervous dispositions, representing a new form of sorting and differentiation. These services targeted persons struggling to

⁶² Åse Gruda Skard, "Arbeidet ved en mentalhygienisk klinikk".

⁶³ H. Dedichen, "Fra den Mentalhygieniske arbeidsmark".

⁶⁴ Åse Gruda Skard did the testing at the Oslo University clinic.

⁶⁵ Harry Hendrick, *Child Welfare: England 1872- 1989* (London 1994); John Stewart, "The most precious possession of a nation is its children: The Clyde Committee on Homeless children in Scotland." *Scottish Economic and Social History*, vol. 21, 2001.

⁶⁶ Ulf Jönsson, *Bråkiga, lösaktiga och nagelbitande barn*; Roger Qvarsell, "Mentalhygien och psykisk hälsovård", in *Hur ska själen läkas? Den psykiatriska vårdens förändringar*, eds. B.E. Eriksson & R. Qvarsell (Borås: Bokförlaget Natur och Kultur, 1997). "Mentalhygien och psykisk", Stockholm: Natur och Kultur, 1997, 137–138.

⁶⁷ Nikolas Rose, *Governing the soul. The shaping of the private self*, (London: Free Association Books, 1999 (2. Ed.)).

adapt to their environments. Mental hygiene and child guidance both involved comprehensive assessments of the child's family, social setting, and medical and psychiatric condition. The child–parent relationship was a core aspect both in understanding the child's mental health disturbances and in decisions about treatment. These counselling activities took into account both the educational system and the child's parents. The dispensary was regarded as a collaborative link between the home, school, and childcare system. Psychiatrists and psychologists saw their advisory work as helping families and schools understand each other, while educators and authorities saw the experts as negotiators between teachers and parents.

Development in the psy-disciplines: new foundation for sorting practises

By the end of the 1940s, child psychiatry in Scandinavia had undergone some significant changes. Influenced by the child guidance clinics of the 1930s and by experience gained from interprofessional collaboration and teamwork, child psychiatry became a discipline with specialised departments for treatment at hospitals. The new discipline drew on international experience and research in child psychology, psychoanalysis, and sociology. Psychiatrists visited other countries for inspiration, and psychoanalysis and the mental hygiene movement in particular became important influences on Scandinavian child psychiatry in this period, shifting the debate towards environmental explanations. Scandinavian child psychiatrists participated in the International Congress on Child Psychiatry. They transformed international ideas in their lectures and textbooks, as well as through their practices, collaborations with other professionals in the school system, and relationships with health and social policy.⁶⁸ International influence also came in the form of collaboration and networking between the Scandinavian countries. When the 8th Nordic Congress of Psychiatry was held in Copenhagen in 1946, child psychiatry was on the programme, in the form of an excursion to the child psychiatric ward at the general hospital (Rigshospitalet).⁶⁹ The first issue of *Nordisk Psykiatrisk Medlemsblad* was published in 1947, with child psychiatry as one of its topics.⁷⁰

Changes in the interpretation of children's problems was paralleled by debates about the concept of intelligence. The ability of IQ tests to produce valuable pedagogical data was called into question. In the revision of the Danish IQ test in 1943, environmental factors had been interpreted to have a greater influence in the testing of intelligence than previously.⁷¹

Summarising children's mental healthcare during the 1945–1960 period in Sweden, Zetterkvist Nelson noted that psychiatric thinking was handled with critical caution and it was thought that approaches inspired by psychotherapy would be more effective towards children. Drawing on

⁶⁸ Kari Ludvigsen, "The 'psy-experts' and the minds of children: Transfer of knowledge in inter-war Norway and Sweden", in Åsa Lundqvist and Klaus Petersen, *In Experts we Trust. Knowledge, Politics and Bureaucracy in Nordic Welfare States*. University Press of Southern Denmark (2010): 149–180

⁶⁹ Gudmund Magnussen (1947) Danmark: Den 8. Nordiske Psykiaterkongres i København 1946, *Nordisk Psykiatrisk Medlemsblad*, 1:1, 6–8, DOI: 10.3109/08039484709128553

⁷⁰ (1947) Redaktionel Indledning, *Nordisk Psykiatrisk Medlemsblad*, 1:1, 3–3, DOI: 10.3109/08039484709128551

⁷¹ Ydesen, Hamre & Andreassen, Differentiation of Students in the Early Danish Welfare State: Professional Entanglements between Educational Psychologists and Psychiatrists.

psychoanalytically inspired theories of child development, the psy-experts increasingly regarded children as emotional beings.⁷² The new insights among professionals who subscribed to theories of children's development and stressing environmental influences, affected the kind of child psychiatry that developed at the new hospital clinics. Psychiatrists working with children moved away from counselling roles at child guidance clinics towards hospitalisation and treatment, parallel with a formalization of child psychiatry as a university specialisation in all three countries during the early 1950s. However, a continuity in treatment can also be traced. According to Nelson the dominant forms of treatment at this time largely copied the more pragmatic attitude of the former counselling clinics.

The making of child psychiatry and the move towards specialized hospital treatment

Changing conceptions of children's mental illnesses can be traced in publications from the Scandinavian child psychiatrists, for instance when the Danish medical journal *Ugeskrift for Læger* highlighted the need to "integrate psychoanalysis and psychotherapy with hospital psychiatry".⁷³ A new generation of Danish psychiatrists (e.g., Karen Margrethe Simonsen, Margrethe Lomholt, and Gudrun Bruun) called for new definitions of psychiatry that integrated international ideas about children's problems. Simonsen received her doctorate from the University of Copenhagen in 1947 with the thesis *Examination of Children from Children's Homes and Day Nurseries*, in which she called for an environmentally informed perception of children's emotional development. A review of the dissertation assessed the work as showing great foresight.⁷⁴ Along with other psychiatrists, Simonsen contributed to the development of new interpretations of the role of child psychiatry.

In her article "Børnepsychiatriske problemer i skolen" (Child psychiatric problems in school), which originally took the form of lectures given to teachers in 1942, Simonsen discussed how child psychiatry could be defined. She emphasised the importance of preventing as well as treating mental pathologies in childhood, and described child psychiatry as a new discipline in the process of defining itself in relation to other disciplines.⁷⁵ Because child psychiatry drew on paediatrics, general psychiatry, neurology, psychology, pedagogy, and sociology, she argued for the necessity of collaboration with other fields and professionals working within them (ibid.).

The first Danish textbook on child psychiatry, *Børnepsykiatri* (Child psychiatry) by Margrethe Lomholt, was published in 1948. As a practising school psychiatrist, Lomholt drew on her experiences collaborating with psychologists in Aarhus as well as on the ideas of international modern psychology, including the "the dynamic, deeply psychologically oriented psychiatry that gave rise to the emergence of specialised child psychiatry".⁷⁶ Both Simonsen and Lomholt mediated their ideas through their examinations of schoolchildren in Copenhagen and Aarhus, respectively.

⁷² Karin Zetterqvist Nelson, "Från samhällets barn till egna individer. Barnpsykiatrisk behandlingsideologi 1945–1985". *Scandia* 78(2) 2012: 41, 45, 49, 60.

⁷³ Jesper Vaczy Karagh, Jensen, Stine Grønbæk & Jacob Knage Rasmussen, *På kanten af velfærdsstaten – Anbragte og indlagte i dansk socialforsorg 1933–1980*. (Odense: Syddansk Universitetsforlag, 2015). 92, our translation of quotation.

⁷⁴ Ernst Gjørup. Nekrolog over Karen Margrethe Simonsen Eek, *Børnesagens Tidende* (1953) 12.

⁷⁵ Simonsen, Børnepsychiatriske problemer i skolen, 101. 60

⁷⁶ Lomholt, Margrete: Lidt om børnepsykiatri, *Unge Pædagoger Jubilæumsnummer*, 1950, 58.

Influenced by international research, experts increasingly stressed the importance of the environment, also in Scandinavia. A new paradigm of child psychology insisted on children's rights to develop and grow in a nurturing environment. In the 1940s, Sofie Rifbjerg, a pioneer in progressive educational ideas and in the development of IQ testing, stressed the need for social awareness of children's living conditions in cities such as Copenhagen.⁷⁷ By the early 1950s, files on children assessed by educational psychiatrists in Copenhagen were expressing concerns about the effects of poor environmental factors on children.⁷⁸ A similar level of social awareness also emerged in the other Scandinavian countries.

In Denmark, child psychiatry became a medical specialty in 1953. Before this date, however, the first child psychiatric department had been established at Rigshospitalet in 1944, headed by Karen Margrethe Simonsen. The second child psychiatric department opened at Bispebjerg Hospital in 1948. In Aarhus, a child psychiatric department for outpatients was set up in 1948. Similar developments took place in the other Scandinavian countries in the early post-war years.

The politically radical Norwegian psychiatrist Nic Waal (1905–1960) took initiatives to direct psychiatric work towards children, introducing psychodynamic and social psychiatric perspectives strongly influenced by psychoanalysis through studies in Paris and Berlin and collaboration with Wilhelm Reich and Otto Fenichel in Oslo.⁷⁹ English child guidance, the ideas of the Tavistock Clinic, and A. S. Neill's Summerhill School also inspired her work. In the 1930s, she worked with both adults and children in connection with the mental hygiene clinic in Oslo. From 1947 to 1954, Waal was head of the counselling clinic for nervous children run by the Oslo Mental Hygiene Association, and parallel she took important initiatives towards building structures for treatment and training into child mental health.

In Norway, there were three important initiatives to establish separate institutions for children's mental health in this period. In 1945, the first step was taken towards state-financed child psychiatry. In 1947, the Oslo Mental Hygiene Association opened a "child guidance" clinic in Oslo, considered the first mental health institution intended exclusively for children in Norway. This also represented the country's first child mental health service organised as part of the healthcare system. The second initiative was a psychiatric hospital ward at the National Hospital (Rikshospitalet), opened in 1950. Ideas of child guidance also inspired the work at this clinic that also provided training for specialists in child psychiatry.⁸⁰ Nic Waal was responsible for the third initiative in 1953, when she set up her own outpatient clinic, Nic Waals Institute. The purpose of the institute was to examine and treat children with problems relating to adaptation, to train team workers in child psychiatry, and to conduct research.⁸¹

⁷⁷ Sofie Rifbjerg, *Børnenes kaar i storbyen*, (København: Det Danske Forlag 1946)

⁷⁸ Bjørn Hamre, *Barnet som undtagelse – det skolepsykiatriske blik på eleven 1935–1955, Professionelle blikke på den anden – når fortællinger forandrer identiteter* (Eds. Lotte Hedegaard-Sørensen; Chalotte Glintborg & Birgit Kirkebæk) (København: Frydenlund Academic, 2017).

⁷⁹ Helge Waal, *Nic Waal. Det urolige hjerte*, (Oslo, Pax forlag A/S, 1991), 220.

⁸⁰ Sommerschild and Moe 2005:80; Ludvigsen and Seip 2009.

⁸¹ Nic Waals Institutt 1957:1

In Sweden, institutional settings also played a role in providing guidance and preventing social problems. This also represented a move towards paying greater attention to environmental factors in the interpretation of children's problems. In the 1940s, Torsten Ramer, the physician and director of Stockholm's child guidance agency, was one of the more prominent figures in school psychiatry. Ramer defined this practice primarily with reference to social factors, and focused on preventing maladministration in matters relating to children and young people. In an article entitled "Comments on child psychiatric activities", he offered suggestions that would allow schools to work more effectively to prevent mental illnesses. In Ramer's view, it was striking how many mistakes teachers and parents made when dealing with badly behaved children. In child psychiatric work, according to Ramer, it was easier to identify problems of intellectual development than personality disorders of various kinds. In the latter case, reference was made to the data contained in the child's disease history and to the expert's own judgment. He considered it crucial to understand the whole context of the child. According to Ramer, the duty of the child psychiatrist was to work prophylactically. The children referred to such professionals usually came from families suffering from a variety of mental problems and had been exposed to serious environmental stress, meaning that it was imperative to help the whole family and not just the child.⁸² It is, among other things, against this background that we should understand the increasing documentation of children perceived as problematic.

In the 1940s, the social environment, or "social heritage", of children was emphasised. In a 1947 article, Sven Ahnsjö (1906–1992), the first professor of child and adolescent psychiatry in Sweden, stated that education was still at the centre of school psychiatry. He felt that certain shortcomings in children's environments, such as "sluggishness" or "disorderliness" in parents, were leading to the appearance of similar attitudes among children. He argued that it was important for teachers to cultivate good contacts with the home. In more severe cases, school nurses and physicians could visit the family, and the physicians could refer more difficult cases for further examination. Finally, Ahnsjö believed that through close cooperation with all those who worked in the service of children's and young people's mental healthcare, teachers would have the best conditions for their work.⁸³

Many writers of the 1940s discussed the relationships between inherited traits and the environment, but increasing importance was attributed to the environment in explaining children's behaviour.⁸⁴ Several authors deplored the use of corporal punishment in childrearing and education. As Ramer, for example, saw it, moralising to the class rarely succeeded in improving children's behaviour.⁸⁵ Another writer argued that any punishment at school should be rehabilitative, regardless of the behaviour constituting the misdemeanour.⁸⁶ An important step in the development of children's education was the emergence in all three countries of literature, counselling books, and brochures that

⁸² Ramer, *Skolsvårigheter i psykiatrisk belysning: en kort vägledning för föräldrar och lärare*.

⁸³ Ahnsjö (1947).

⁸⁴ Ahnsjö (1947), 332; Torsten Ramer, "Observationsklasser". in *Skolhygien*, Stockholm: Skolöverstyrelsen. 1947a, 370; Torsten Ramer, "Psyksiska rådgivningscentraler och deras uppgift", in *Skolhygien*, Stockholm: Skolöverstyrelsen. 1947b, 377, 382

⁸⁵ Torsten Ramer, "Psyksiska rådgivningscentraler och deras uppgift", in *Skolhygien*, Stockholm: Skolöverstyrelsen. 1947b, 382.

⁸⁶ Elov Tengblad, "Grövre beteenderubbningar och deras behandling i skolan: Pedagogiska synpunkter", i *Skolhygien*, Stockholm: Skolöverstyrelsen. 1947, 401.

informed parents and teachers of the achievements of psychology in understanding the different phases of childhood. Joachim and Mirjam Israel's book *Det finns inga elaka barn!* (There are no evil children!), published in Sweden in 1946, had a strong influence on the Swedish debate about what constituted a "good childhood".⁸⁷

The idea of welfare for all was a new development emerging in Scandinavia in the late 1940s, also embracing expert notions of the impact of unwanted living and family conditions on the mental health of schoolchildren. Professionals, politicians, and reformers, such as Swedish Alva Myrdal, strove to bring about a shift from moralising to psychological approaches to children's problems, from judgmentalism to a more understanding, humanistic position.⁸⁸ The formal specialization of child psychiatry, also embracing partly the environmental perspective and psycho-analytic ideas of childhood, can be regarded part of this movement. Parallel to this, the formerly local and municipal initiatives related to psychiatric sorting of schoolchildren gradually became and linked to the health system and hospital institutions. Strengthened by national government policies, a more comprehensive approach towards the sorting of schoolchildren developed, based on a differentiation where simpler cases of unwanted behaviour and disadvantaged children could be handled in school by school psychologists, while more severe cases were to be reported to child guidance agencies for investigation. This could in turn lead to observation classes, classes for "psychopathic" children, or even to suspension from school for "psychopathic" behaviour. In our perspective, this increasingly differentiated sorting represented a continuation of the biopolitics of the interwar period, through enhancing expert concerns about new aspects of childhood and upbringing.

Conclusion

The similarities and differences in the institutional roles of psychiatry in the sorting of schoolchildren in Scandinavia, we argue, refer to local key actors, and to their inspiration through collaboration and practice, rather than to differences and similarities at the state level. Sorting practices in all three countries were influenced by international ideas and movements translated into the Scandinavian context, as well as by the exchange of ideas between the three countries. Internal Scandinavian networking and mutual influence increased during the 1920–1950 period through congresses and the establishment of journals. This development strengthened the common translation of ideas and practices in the region, although the precise forms taken by these practices differed between the three countries. We conclude that the general pattern of psychiatry in relation to the sorting of schoolchildren followed the three phases outlined in the analysis.

The most significant difference relates to the first phase of the sorting practice: the IQ testing. In Denmark, the educational psychologists from the beginning became the professionals performing the IQ testing within the school system. Whereas in Norway and Sweden, the roles of psychiatrists in the 1920s and 1930s were related to the institutional setting of testing and to the establishment of child

⁸⁷ Jonas Qvarsebo, *Skolbarnets fostran: Enhetsskolan, agan och politiken om barnet 1946–1962*. (Doctoral dissertation) (Linköping: Linköping University Electronic Press, 2006).

⁸⁸ Alva Myrdal, "Mer människokunskap i utbildningen", *Social Årsbok*, 1945, 145 se även Ahnsjö (1947), 327, 332.

guidance and outpatient clinics. In the two countries, the psychiatrists together with school physicians and school inspectors were thus the most important professionals initiating the practice of IQ testing, which was different from the Danish case. This difference between the Scandinavian countries seems to vanish in the following decades. In all three countries in the 1940s and 1950s, IQ testing as a sorting practice was increasingly taken over by educational psychologists. In the same period, child psychiatry became more coherent as a scientific discipline and a professional practice. Psychiatrists subsequently became involved in the treatment of schoolchildren at child psychiatric wards in hospitals. Apart from the fact that the three countries followed different but related paths in the establishment of testing, the introduction of testing represented a path towards intensified interdisciplinary collaboration between psychologists, psychiatrists, and teachers. We have thus explored the role of psychiatry tracing three practices of sorting: the role of psychiatrists in relation to the practice of IQ testing within the school system; the establishment of child guidance clinics and their function in the sorting of schoolchildren; the shaping of child psychiatry as a practice and specialisation at universities and hospitals. These three developments represented different steps in the collaboration between educational psychologists and the psychiatrists. In the first phase, the psychiatrist was a formal and internal part of the schooling system. Through the organization of sorting within the school system, this phase represented the establishment of the collaboration between the teachers, psychologists and psychiatrists. In the two next phases the psychiatrist played an important but external role in the sorting of schoolchildren in the school system. The establishment of advisory clinics inspired by mental hygiene and child guidance intensified the interdisciplinary collaboration. In particular, the teamwork model was adopted to a large extent, leading to collaboration between different professionals, such as psychologists and psychiatrists, in addressing cases of schoolchildren assessed as problematic. All of the three institutionalisations established psychiatrists as key actors in differentiating schoolchildren. This article has thus analysed the importance of interdisciplinary collaborations in the establishment of various techniques of sorting.

Although variations appeared between the national settings in Scandinavia, overall Scandinavian practices seemed to follow a common pattern in the period, hinting at cross-national dilemmas and examples of ambiguity. IQ testing played a significant role in the sorting of schoolchildren in the period, lending scientific legitimacy to the need to respond to diversity in the education system. Moreover, a high degree of professional specialisation as well as interprofessional collaboration characterised the development of the sorting practices in school. The professionalisation of school psychologists and child psychiatrists during the period contributed to the establishment of the welfare state and thus the legitimisation of the differentiation of certain groups. In line with the theoretical perspective of the article the disciplinary techniques performed jointly by psychologists and psychiatrists can be regarded as an advanced form of biopolitics, in which the state managed the schoolchildren as individuals as well as part of the population in general. The sorting practices of the IQ testing, the child guidance clinics, the remedial schools, and the mental health and illness prevention policies all reflected the biopolitics of the emerging welfare states. Although the biopolitical power is usually associated with the state apparatus, it is primarily a technology, and the analysis in this article has analysed how this technology functioned in relation to the local agents in the countries.

The study has underscored the role of the emerging interdisciplinary collaborations in this process. The study hints at the need to analyse the process of testing schoolchildren as part of the establishment of professionals related to the school system, and of the interdisciplinary collaborations between these professionals. In line with Foucault, the disciplinary techniques were part of a larger pattern of biopolitics establishing the governance of individuals and populations in the modern state. This power relied on the control of life through discourses and practices, the techniques functioned as ways of managing deviance in the school system and, as a mode of governmentality, the practice of these experts and professionals represented a way of structuring the opportunities of others.